9-45-15M

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PLEASE

(Date ree'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

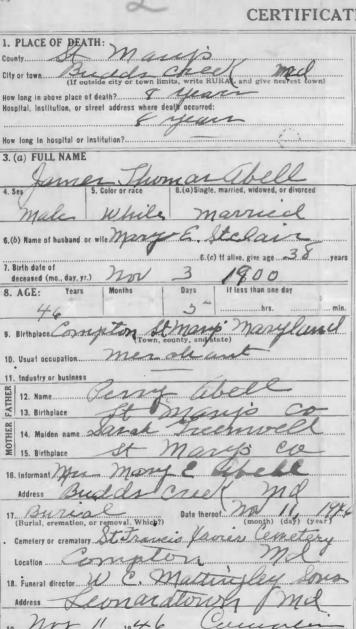
23. SIGNATURE.

Registrar



E OF DEATH	Reg. Diat. No.
2. USUAL RESIDENCE (HOM	IE) OF DECEASED:
State Marylan	
' / / / .	n limits, write RURAL and give nearest town)
	n limits, write RURAL and give nearest town)
itreet No(If rur	al, give LOCATION)
(a) If veteran, name war	
	3. (b) Social Security Number
MEDICA	AL CERTIFICATION
2D. DATE OF DEATH	8 19.46 at 10.25
21. I CEBMAY that death occurred on the	date above stated; that I attended deceased from
Juz (19 46, 10 NOB 18 4
nd that I last saw h	
mmediais cause of death	hone from Duration
arten in necl	20 11/9/4
	79)
	Vessels by
us to Carcinte	ma.

ther conditions	
	ithin 3 months of death)
Major findings of operations X \(\int \alpha\)	ytrodi to area
	Date of op.
Autopsy results	se to which death should be charged statistically.
22. VIOLENCE: If death was due to extend	ernal causes, fill in the following:
	Date of
Where did injury occur?(City or	town) (County) (State)
Injured at home, farm, Industry, public c	place (where?)



NOV 12 1945

MARYLAND STATE DEPARTMENT OF HEALTH

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

WRITE

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore Jakay

CERTIFICATE OF DEATH

11200 Reg. Dist. No. 2810

County Clay or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State May County Co
How long in above place of death?	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Eugene Barnes	3. (b) Social Security Number
4. Sex 5. Color or race δ.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Black married	20. DATE OF DEATH 2011 30 19 44 21 16 P
6.(b) Name of husband or wife and Barnes 6.(c) If allve, give age 25 years 7. Birth date of decessed (mo., day, yr.) Dec. 25 1881	21. I CERTIFY that death occurred on the date above stated; that i attended deceased from 20. 19.44
decensed (mo., day, yr.) Tele , 23 / 38/ 8. AGE: Years Months Days If less than one day	Immediate cause of death
9. Birthplace Medlys Reck Md. 10. Usual occupation Harmely	Oue to. Due to. Due to. Due to.
11. Industry or business	
12. Name Henry Barrie Mede 12. 13. Birthplace Medligs Mecke, Med. 14. Malden name Delike Barries 15. Birthplace Budleys Nick Med.	Other conditions
16. Informact Saul F. Barrieg Address Pearson The	Autopsy results
17 Burial (Burial, eremation, or removal, Which?) Date thereof Date: 3, 46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Holy Frace Constany	Where did injury occur?
P. B. Pakerson	Means of Injury Injured at work?
Address Leonardtown Md	23. SIGNATURE
19. 12 1 19 4 6 PSeary MA Consolidation (Date ree'd by registrar)	Address Graf Mills Mod Date signed 12 1-46

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1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

- 1	1291	
Reg. Diat.	No. 2	20

Date signed 11/12

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Musifland Courty St mfs 11/3
City or town. (If outside city or town, limits, write KURAL and give nearest town)
Street No. R. 7. D. #
(if rural, give LOCATION)
2.(a) If veteran, name war

low long in above place of death?	(If outside city of town filming, write KOKAL and give nearest town,
Hospital, Institution, or street address where death occurred:	Street No. Al 7 D T
It Marie Horydal	(if rural, give LOCATION)
low long in hospital or institution? 9 Days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
& Thomas Bond	
4. Sex // 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE DE DEATH. 2011.30.P
6.(b) Namo of husband or wife Mary E. Parmens Boracl	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	18.46 10 Mar. 7 18.46
7. Birth date of	and that I last saw h. s. than alive on Morender 9 19 16
deceased (mo., day, yr.) 7166-14-1875	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Immediate Cable of Genta
70 8 A6hrsmin.	Cornery Hermhosis 2 much
1. Od ard. I live - do no - all.	
9. Birthplace And Color of County, and state	Duo 10. Yeurshi and Certinos clerosis Severa
1D. Usual occupation	Que la and army Villatia years
	Due to Ostaria June 19
11. Industry or business	
= 12. Namo Thomas H Bond	Other conditions
13. Birthplace Calvert Ca	
14 Maiden name alexande Brisco	(Include pregnancy within 8 months of death)
(1)	Major findings of operations.
E 15. Birthplace It marys ca	Date of op.
18. Informant Thomas How Dovid	Autopsy results
200	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Address Leonardoun Ma	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burisl cremation or removal, Which?) (Burisl cremation or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory It and awer Camelin	Where did injury occur?
Location DR. Colombia The Land Land House My R.	Injured at home, farm, Industry, public place (where?)
18. Funeral director of e Matteringley Some	Means of Injury Injured at work?
Address Limandlown maryland	23 SIGNATURE Robert & tucks H.D.
11/19/ 41 (ennelien	M. D. or other
19. 19. 19. TY	News News storm bust Bole signed 11/12/4

NOV 13 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constraint is especially important. Physicians: please write the causes of death clearly and legibly.

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I)	CITATI TIMITE
D	A TRIT TY
9.45.15M	A CHE TITLE TO A
A15	A COTTO

2411 N. Charl	es St., Baltimore 940	11636	
CERTIFICAT	TE OF DEATH Reg. Dist. No.		
1. PLACE OF DEATH: County. City or town Imits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	Street No	of mother)	
How long in hospitat or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Meale C. Brown	V	3. (b) Social Security Number	
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced male white married. 6. (b) Name of hostrand or wife. Margaret Brown 6. (c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) fully 30 /89 4 8. AGE: Years Months Days It less than one day 5 2 3 /4 hrs. min. 9. Birthplace. Classification of the state	20. DATE DF DEATH	y Nieżsy)	
18. Informant Chestine Cheible Address Lifge Masyland 17. Bustine Masyland 18. Gurlal, cremation, or removal. When?) Cametery or crematory. Latington, Mathianal Location Location Address Leonard Location 18. Funeral director. M. B. Gaeca alice (Dato rec'd by registrar) 19. (Dato rec'd by registrar) Registrar	Autopsy results	which death should be charged statistically.	

NOV 16 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

Reg. Dist. No.

	_	
1. PLACE OF DEATH: St. Mays	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	911 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
City or town. (If outside city or town limits, write RURAL and give nearest town)	The country of the co	
Now long in above place of death?	(If outside city or town timets, write RURAL and give nearest town)	
Hespital, institution, or street address where death occurred:	Street No.	
Is. Mary Days.	(If rurai, give LOCATION)	
How long in hospital or institution?	2.(a) If veterao, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
William Herbert Carter		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	, MEDICAL CERTIFICATION	
male Colored manniel.	20. BATE OF DEATH ROOM 61 61 25 A N	
N. t. m		
6.(6) Name of husband or wife	21. I CERTIFY that death eccurred on the date above stated; that I attended deceased from	
7. Birth date of		
deceased (me., day, yr.) Jan - 26 (896	and that I last saw beam alive en	
8. AGE: Years Months Days the less than one day	Immediate cause of death	
5-8hrsmin.	Enlys homorphy 3days	
(Personal forms		
9. Birthpisce (Town, county, and state)	Due to.	
7 / 0	General articosclerate	
10, Usual occopation.	fue to.	
11. fadustry or business		
El Markensen		
12. Name	Dither conditions	
13. Birthplace	(Include pregnancy within 8 months of death)	
14. Maidea game Makazaun	(include pregnancy within 8 months of death)	
14. Malden name. And Malden name. And Malden name.	Major findings of operations.	
∃ 15. Birthplace	Date of on.	
Obit To My 10 1		
16. Informant (MASALINE)	Autopsy results	
Address Valley de Mo.		
" Burish 11-7-46	22. VfOLENCE: If death was due to exteroal causes, fill in the following;	
I and the transfer of the tr	l, cremation, or removal Which?) Accident, suicide, er hemicide	
11 m-16-1	Where did labury eccur?	
Cemetery er crematory	Where did injury eccur?	
Location Valley Lee	Injured at home, farm, industry, public place (where?)	
18. Funeral director P. B. Racherica	Means of Injury Injured at work?	
Address Address Man - Address Man.	Also 10	
11) lanarararary pron	23. SIGNATURE. M. D. or other	
19,	Address west thell med Date signed 11/4/46	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 25:00

CERTIFICATE OF DEATH

			5	0	164	
Par	Dist	No	NI	6	ndo.	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Medical Marina Mill	State Maryland county It marifs
Cily or town	City or town
How long in above place of death?	0 7 4 /
Hospilal, Institution, or street address where death occurred	Street No. (If rural, give LOCATION)
How long In hospital or Instillation? Start marks fragilial	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Vellanera Store Combs	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE DF DEATH) 18 4 6 19 4 6 21 4 1 5 4
5.(b) Name of husband or wife Schlerf & Conbel	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
P	Oll 71 146 10 May 19 19 5
7. Birth date of	and that I tast saw h. Compalive on Ray 5
8. AGE: Years Months bays if less than one day	Immediate cause of death
76 1min.	Willral Heurshing
9. Birthplace Lewsund (Town, county, and state) Mary Mary (Mary)	Due to
10. Usual occupation	will och och
11, Industry or business	Due to
= 12. Name Por Churles Combr	Other conditions.
13. Birthplace At march co	
14. Maiden name Alasa of Stone	(Include pregnancy within 8 months of death)
E 15. Birthplace of Mary la	Major findings of operations.
	Date of op.
18. Informant All Market	Autopsy results PHYSICIAN: Please undertine the cause to which death should be charged statistically.
Address Hawardsowy My	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Buriai, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory and Lackels chapel	Where did injury occur?
Location Men Leverentown ma	injured at home, farm, industry, public place (where?)
	Means of Injury tnjured at work?
18. Funeral director	12 . 00
Address Leon andlown m.d.	23. SIGNATURE, Dalle
19. (Date rec.) by registrar) 186 (Mattactar) Registrar	Address Intalal Description Date signed 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

CERTIFICATE OF DEATH

	Reg. Dist. No		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infanta give residence of mother) State		
3. (a) FULL NAME 4. Set 5. Color or rate B. (a) Single, married, widawed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION		
	7 / 2 //		
male shoul married	20. DATE OF DEATH. 200 D. M		
6.(b) Name of husband or wife Marthuans Dorsey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of	and that I last saw h. alive on 11-2 u- 19 1/6		
deceased (mo., day, yr.) Out 18 - 18 71	Immediate cause of death. Like Age DURATION		
8. AGE: Years Months Days It less than one day	aprophly 5 uns		
· 75 3 3hrsmin.			
9. Birthplace. Bush Wind St. Mary's Maryline	Due to.		
10. Usual occupation	Ou to Cracke of aprepating 2000.		
11. Industry or business			
12. Name prederid dorsafe 13. Birthplace St Maris Co-	Other conditions.		
13. Birthplace A Mary Clark 14. Maiden name Detty Clark 15. Birthplace St Mary; co	(Include pregnancy within 8 months of death)		
5 15 Birthplace St / maries co	Major findings of operations.		
	Date of op		
Address Bush Wood M 9	Antopsy results PHYS/CIAN: Please underline the cause to which death should be charged statistically.		
2 (22 4-11)	22. VIOLENCE: if death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cometery or crematory Sacard Heart Cenneldy	Where did injury occur? (City or town) (County) (State)		
Location Bush wood mg	Injured at home, farm, Industry, public place (where?)		
18. Funeral director M. C. Malling Some	Means of Injury thjured at work?		
Address Lemandlowy Md	23. SIGNATURE PROBUM P. or other		
19. //- 2/- 19.4.6. TEMY Julion (Date ree'd by registrar) Registrar	Address 16 verne und Date signed 1 - 1/- 1/6		

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND	STATE	DEPARTMENT	OF	HEALT
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2411 N. Charles St., Baltimore (830)

CERTIFICATE OF DEATH

11296 * Reg. Dist. No. 27/0

1. PLACE OF DEATH	is m	001.		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	ZV : //	1170		monland.	St SW WM	5
City or town	James	ou Pl	URAL and give nearest town)	State Coun	ity	see on an on an annual and an annual
(If outsid How long in above place of de	e city or town in	o o we	or .	City or town	write RURAL and give neare	st town)
Kow long in above place of de Hospital, institution, or stree	al address where d	eath occurred:	90 Pic die: 980 c 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
				Street No(If rural, give I		
How long in hospital or insti			The second secon	2.(a) If veteran, name war		
3. (a) FULL NAME	-		- /	1	3. (b) Social Security N	umber
	Hen	me	ta tome	et.		
4. Sex 5.	Color or race	6.(a)Single	, married, widowed, or divorced		RTIFICATION	
F.	Cof.	7	Married !	20. DATE OF DEATH. November	14 19.46	al 4 A.M.
8.(b) Name of husband or w	11e / Le	eury	Forest.	21. I CERTIFY that death occurred on the date above	ve stated; that I attended deceas	ed from
		100) If alive, give ageyears	Sept. 18 195		46
7. Birth date of	Too 8 60 60000000000000000000000000000000	162		and that I last saw halive on	A.T	19
deceased (mo., day, yr.)	1 65 65	160	Missa Aban and day	Immediate cause of death		DURATION
8. AGE: Years	Months	Days	If less than one day	Cenebal Hem	orage.	2 Yhours
X						
8. Birthplace	givi (Town	connty, and s	itate)		troschori	10 40
		zew	Re			3 Berp
10. Usual occupation		*******************		Due to Atylor Remove	***************************************	
11. Industry or business		. /				
12. Name	comes	Has	~ co	Other conditions	***************************************	
13. Birthplace	mary	lave	D - St Mays Co.	(Include pregnancy within 8 m	the of douth)	
41	70000	Cur	Sknown)			
14. Malden oame			1 V 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Major findings of operations		
15. Birthplace	Ver	gun	<u> </u>		Date of op	
16. Informant	i Ba	nt.		Antopsy results	and the standard of	to tieties No
	men	of un	rd.	PHYSICIAN: Please underline the cause to wh		and the same of th
Address 0				22. VIOLENCE: If death was due to external cau		
17 Burial (Burial, cremation, or	removal Which?	Date ther	eof 2005 16 46 (month) (der) (year)	Accident, suicide, or homicide	Date of	
		140	Lemelery	Where did injury occur?(City or town)	(Connty)	(State)
Cemetery or crematory	P	. /	2.1	Injured al home, farm, industry, public place (w		
Location	11	dar.	Ad:	Means of Injury	Injured at work?	
18. Funeral director&	E. I. M.	Juse	41 L	1	11	
Address	Dam	Uro	n md	23. SIGNATURE	men m U	r other
19. // _ /3 (Date rec'd by registr	1946		Registrar	Address Cearron	Dale signed	11 19-46
(Date rec d by regist.	2 00.2 7		1 11-20-6 11	the state of the s		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-

CERTIFICATE OF DEATH

	9			1	12	9	7	
大	à	Reg.	Diat.	No.	2	8.	2	Q

City or town. (If outside city or town limits, prite RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infanta give residence of mother) State Clity or town (If outside city of town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) 11 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
apres Tatton	
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fremale white married	2D. DATE OF DEATH 19 1 19 1 19 1 19 1 19 1 19 1 19 1 19
6.(b) Name of husband or wife Marshall J. Jattorn. 6.(c) If alive, give age J. J. years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that taitended deceased from
7. Birth date of deceased (mo., day, yr.) Fisher 24 1924	and that I last eaw be alive on 23 19 200 Immediate cause of death DURATION
8. AGE: Yeare Monthe Days It less than one dayhrs	Immediate cause of death Accusomogy 12 las
9. Birthplace La Slaffly of A Martin Maryling of	Due to. Aty perteusen
10. Usual occupation	Due to.
11. Industry or business Wille	
12. Name Meghham Meghe	Dither conditione
# 14. Maiden name Marrie Balley	(include pregnancy within 3 months of death)
15. Birthplace St Mary Ola	Major findings of operations
16. Informant Manhael Guston	Autopsy results
Address Halle wood My	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal. Which?) Date thereol. (month) (day) (year)	Accident, euicide, or homicide
Cemetery or crematory It Ishnow Benneting	Where did injury occur?
Location Harland word and	injured at home, farm, industry, public place (where?)
1. Ch Drate but loved	Meens of Injury Injured at work?
Address Cura Millow M	Many a. Camaleet
11/24 46 Caucalus	23. SIGNATURE M. D. or other M. D. or other
19. (Date eec'd by registrar) Registrar	Address Date signed



PLEASE.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940





CERTIFICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
(1) on ey.	, , , , , , , , , , , , , , , , , , , ,
4, Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
formale white indamed	MEDICAL CERTIFICATION 20. DATE DE DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 28 19.45 to Mov-7 19.46 and that I last saw h. 24 alive on USO. 6 19.46
8. AGE: Years Months Days If less than one day	Roronary Throno ous 24 hour
9. Birthplace (Towns county, and state)	Due to arteriosclerous (generalized) 10 years
11. Industry or business	Due to Vernesono Anema Zylars
12. Name John M. Ellicot 13. Birthplace Many land.	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name Shuthour June 15. Birthplace Manyland.	Major findings of operations.
16. informant Marie Carit	Autopsy results
Address Be - hrille mel.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or removal. Which?) Cemetery or crematory of Many City Sap.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location St. Marin City	Injured at home, farm, Industry, public place (where?)
18. Funeral director P. B. Balentson	Means of Injury Injured at work?
Address Leanardtouen 2nd.	23. SIGNATURE Mas At Patricel
19. Marchael 19. (Date record by registrar) Registrar	Address Pearson and Tate signed 11-8-46

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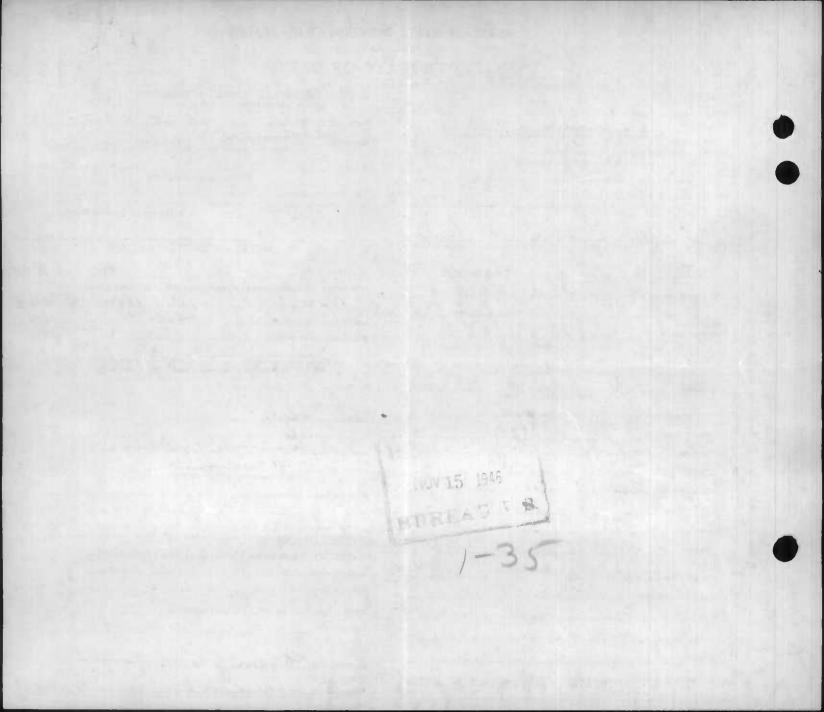
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 87-0

CERTIFICATE OF DEATH

Rog. Dist. No. 2840

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	2 of the man /a
Clly or town	ale 14 mal. " Ul red
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rurai, give LOCATION)
How long in hospital or instilution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jane Clizabeth Graves	
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Je St. Manue	20. DATE OF DEATH 10 46 at 6.30 A,
6.(b) Name of husband or wife 3 set S. Graves	21. I CERTIFY that death occurred on the date above stated; that I attended disceased from
	7750 1945 10 100 14 1046
T. Birth date of	and that I last saw h. A alive on 5 4. 15 7 19. 4
deceased (mo., day, yr.) Nov. 18th 1868	Immediate cause of death
8. AGE: Years Months Bays If less than ons day	
77 11 26hrsmln.	Las General Descure
9. Birthplace Colifornia, St. May Co, 200	Due to
1B. Usual occupation Haussinge	Due to
11. Industry or business	
# 12 Name Welliams C. Bissae	Other conditions coursel styre cal
13. Birthplace Md.	70.0.1
14. Maiden name ann J. Greenwell	(Include pregnancy within 3 months of death)
14. Maiden name Ann J. Seenwell 15. Birthplace M. Seenwell	Major findings of operations.
El 15. Birthplace	Date of ap.
18. Informani Harold D. Graves	Actopsy results
Address muchanissuille mid	
17 Burial Bate thereof 11-16-46	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory mt 3com	Where did Injury Occur?
Land Strove and	Injured at home, farm, Industry, public place (where?)
Location advises to the state of the state o	Meens of Injury Injured 21 work?
18. Funeral director	
Address deona dland Ind	22 CLEMATURE & com Soshoon
non all 41 glania Clark	M. D. or other
(Date ree'd by registrar)	Address 6 he deel to be al Date signed // / 4/



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (177)

		12 F 324
Reg.	Diat.	No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Mary	(For newborn infants give residence of mother)
15000	State Mary and county St Marito
(If outside city or town limits, write RORAL and give nearest town)	
low long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	John M. B. J. D. #1 michansceville ma
Leon andlown ma	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Bernard Gray.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or proceed	MEDICAL CERTIFICATION
male white single	20. DATE OF DEATH 21 9 15
Herband of a	21. I CERTIFY that death occurred on the date above alated: that I attended deceased from
6.(b) Name of huaband or wife	077 Nov19 10 14 0 10 - 19
MATA	eara
7. Birth date of deceased (mo., day, yr.) halff 10 - 1944	end that I last saw h
8. AGE: Yeara Montha Daya If less than one day	Immediate cause of death ANDRIAN STANDARD DURATION
9 110	
7 /0hrs	nia.
9. Birtholace Lemisthown It marijo ma	Due to.
9. Birthplace (Town, county, and state)	The of
10. Uaual occupation.	
	Due 10
11. Industry or business	
H 12. Name	Other conditions
Z 13. Birthplace At marker Cot-	
& Butter of Room	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
2 15. Birthplace It mars 20	Bate of op.
I Id a man relia Garage	Autopsy results.
16. Intermant	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Machiencerrice In 4	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Bures Q Date thereof From 20-194	44.
(Burlat, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, aulcide, or homicide
Cometery or crematory II. Mefsus	Where did injury occur?
Minka de a suo	Injured at home, farm, industry, public place (where?)
Location Location	
18. Funeral director W. C. Matting less Soms	Meane of injury Injured at work?
Address Servedtouts ma	11216
Addicas The Addition of the Ad	23. SIGNATURE M. D. or other
10 1/19 1040 Cleurally	M. D. or other
(Date rec'd by registrar) Regist	trar Address Story CF State CFC FI Mid Date signed ONE TO

WITH UNFADING INK. Supply every item of information carefully. The correct specimortant. Physicians: please write the causes of death clearly and legibly. FOR BINDING RESERVED MARGIN PLAINLY,

PLEASE WRITE



2411 N. Charles St., Baltimore 170-0

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City or townUSN How tong in above place Hospital, institution, or Di.spensary	Mary's [AS Patuxen outside city or town li o of death? 2. mo r street address where US NAS P	t Rive mits, write nths death occurre atuxer	er, Maryland RURAL and give nearest town) ad: 1t River Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) New York State. County. City or town. Bronx, New York City (If outside city or town limits, write RURAL and give nearest town) Street No. 251 Cypress Avenue (If rurul, give LOCATION) 2.(a) It releran, name war. 3. (b) Social Security Number	
3. (a) FULL NAM	E				
KAHN, James Joseph 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male White Single				MEDICAL CERTIFI	
		6.	(c) If allve, give ageyears	21. I CERTIFY that death occurred on the date above slated; On 8 November 1946 to and that I last saw h im alive on 8 November	er 19 46
8. AGE: Years Months Days It less than one day 17		Immediata cause of death Fracture, Con Skull	npound, DURATION		
9. Birthplace New York, Bronx, New York (Town, county, and state) 1D. Usual occupation Seaman, Second Class 1t. Industry or business U. S. Navy 12. Name David Kahn 13. Birthplace				Due to Diher conditions (Include pregnancy within 8 months of death)	
15. Birthplace 16. Informant	Mark S. Mark Paluxes 1, or removal. Which?) Or Mark P.B. ROHI No Le onardtown	son,	mouth) (day) (year)	Major findings of operations. Fracture, compound Antopsy results, and lacerations, by PHYSICIAN: Please underline the cause to which death a 22. VIOLENCE: It death was due to external causes, till in the Accident Accident, suicide, or homicide. Where did injury occur? Where did injury occur? US NAS Patuxes (City or town) Injured at home, farm, industry, public place (where?) Meens of injury and motor truck	Pain should be charged statistically. the tollowing: Date of 11-8-46 nt River Md.
19. /// 9	144	• • • • • • • • • • • • • • • • • • • •	Caucalen	23. SIGNATURE R. R. BONAR St. Comdr. (MC) USNR US NAS Patuxent River Md, 11-8-46	

correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore MS-D

CERTIFICATE OF DEATH

11302

Reg. Dist. No. .

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Masselfismell County It Misselfo'
(If outside city of town limits, write RURAL and give nearest town)	11. 11.23.000
How long in above place of death?	(If outside city of town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Street No.
freign van	(If rarai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mitchell Herbert Hallingly	443
4. Sex 5. Color or race 8.(a)Single, married, wildowed, or differend	MEDICAL CERTIFICATION
male white single	20. DATE OF DEATH. 201 19.46 21 4-p. 11
6,(b) Name of husband or wife	21. I CERTIFY that dooth occurred on the date above efated; that rallended deceased from
	and that I employed the trady on heart 9 19.46
7. Birth date of	and that Tlast saw h 19.
deceased (mo., day, yr.) 8. AGE: Yeare (Months) Days If less than one day	Immediate cause of death
25 4 //hrsmin.	
9. Birthplace (Town, county, and atate)	Due to Manual Sug. Later Control Sug.
	dist from the fewering good
10. Usual occupation ————————————————————————————————————	Due to Quelf 17 Sity Ch. File.
11. Industry or business	and worldy
12. Name That The Marks Co	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Starce At March Co	Major findings of operations.
15. Birthplace St Minuto lea	Date of op.
16. Informant of the Alling of	Actopsy results.
111 50 1 mid mb do 100 min	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Fully Work Thurst Court	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, euicide, or homicide
Cemetery or crematory of Strate Considering	Where did Injury occur What (City or town) (Couphy) (State)
Location April words my	Injured at home, farm, Industry, public place (where?)
18. Funeral director M CAAA alliceles Sons	Means of Injury tresting takely Injured at work? Ifes
Address Jeonard for Ind med	11 1 00 C
The state of the s	23. SIGNATURE M. D. or other
19. 19 Registrar Registrar)	Address Address Address And Dale eigned how so 44



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

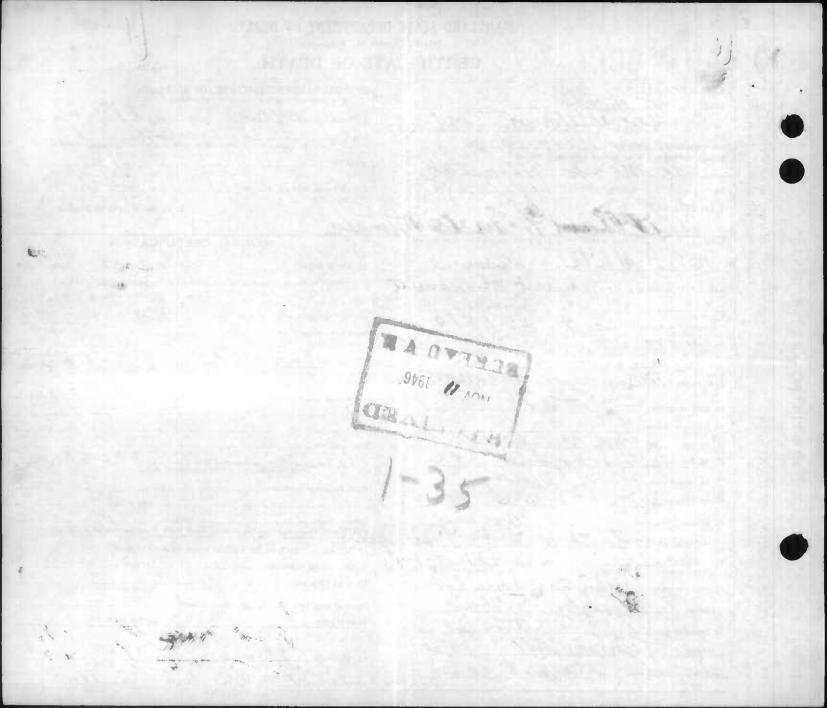


11303

CERTIFICATE OF DEATH

7			10
	Reg.	Diat.	No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County.	(For newborn infants give residence of mother)		
City or lown	State County County		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
How long in hospital or institution?	(if rural, give LOCATION)		
3. (a) FULL NAME	2.(a) If veteran, name war. Magnitude 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
)) sale and Frank was M.	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced/	MEDICAL CERTIFICATION		
male sellite sur	20.000		
Male wine wishout	20. DATE DF DEATH. TO COMPANY 7 19 96 at 13 9 9 M		
6.(b) Name of husband or wife. Marcharet me Dexmett	21. I CERTIFY that death occurred on the date above stated; that attended deceased from		
	Jet 15-186 10 November 7 1946		
7. Birth date of deceased (mo., day, yr.) Sent 2- 1870	and that I last saw have alive on		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
76 2 3 - min.	Para de la descrita de la comparción de		
a sixteniara Wilker Barre Luxence Personia	year,		
9. Birthplace William (Town, county, and state)	Real artino solicio 4 gran		
10. Usual occupation.	Bue 10.		
11. Industry or business			
12. Name 12. Name 12. Name 12. Name Par	Other conditions		
\$ 13. Birthplace Willes Lundrell Pa	Loba Andrew Within 3 months of death)		
14. Maiden name Mary Kensey	(Inclyde pregnancy within 3 months of death)		
14. Maiden name Mary Hunery 15. Birthpiacelle Illes Lunes ed 00	Major findings of operations.		
mi y lo musteled	Bate of op.		
18. Informant / flat 1 1 1 1 1 1 1 1 1	Autopsy results		
Address 205 - South Main 15 Wyllin Bull	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, sulcide, or homicide		
Cemetery or crematory Williams Material Corneling	Where did injury occur?		
7/4	(City or town) (County) (State)		
Location	Means of injury Injured 2t work?		
18. Funeral director.	anders of time?		
Address Lunaratory Ma	- ALLENSON BYRLE 1. O		
hamilia 1 hm & 146	23. SIGNATURE M. D. or other		
(Date rec'd by registrar) (Bate rec'd by registrar) (Bate rec'd by registrar)	Address fret mills And Date signed Nov 7/4.6		



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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

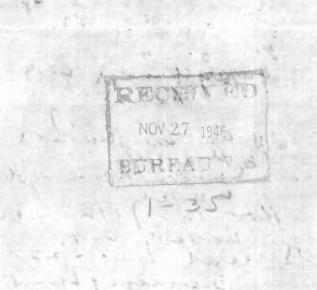
2411 N. Charles St., Baltimore 837.

CERTIFICATE OF DEATH

Date signed. 4.

Reg. Diat. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother) write RURAL and give nearest town (If outside city or town limits, write (If rural, give LOCATION) How long in hospital or institution?.. 2.(a) If veteran, name war. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from .6.(c) If alive, give age. 7. Birth date of deceased (mo., day, yr.) DURATION Days Months If less than one day 8. AGE: Years 1D. Usual occupation..... 11. Industry or business 13. Birtholace (Include pregnancy within 8 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically, Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur? (City or town) (County) Injured at home, farm, industry, public place (where?) Means of injury injured at work? M. D. or other

Address...



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Carlotte Committee Committ

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William Line

MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore 97 CERTIFICATE OF DEATH

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8. (b) Name of headand or wife an analysis of accessed from the date above stated; Inakt It lended deceased from and was above stated; Inakt It lended deceased from the date above stated; Inakt It lended deceased from the date above stated; Inakt It lended deceased from the date above stated; Inakt It lended deceased from the date above stated; Inakt It lended deceased from the date above stated; Inakt It lended deceased from the date above stated; Inakt It lended deceased from the date above stated; Inakt It lended deceased from the date above stated; Ina		Reg. Dist. No
3. (a) FULL NAME 4. Sex 5. Copleyor race 6. Cophenic married, midewed, or divorced MEDICAL CERTIFICATION 20. DATE DE DEATH DELICAL CERTIFICATION 21. LORGITY Individual dealth occurred on the date above stated; that Pillended deceased from the date above stated; the Villended dece	County	City or town. (If rural, give LOCATION)
4. Sex 5. Option and the state of the state	How long in hospital or institution?	2.(a) If veteran, name war.
8. (b) Name of headand or wife an analysis of accessed from the date above stated; Inakt It lended deceased from and was above stated; Inakt It lended deceased from the date above stated; Inakt It lended deceased from the date above stated; Inakt It lended deceased from the date above stated; Inakt It lended deceased from the date above stated; Inakt It lended deceased from the date above stated; Inakt It lended deceased from the date above stated; Inakt It lended deceased from the date above stated; Inakt It lended deceased from the date above stated; Ina	Jackery Stewart	J.
8. AGE: Years Months Days It less than one day 10. Usual occupation. 11. Industry or business Different Major Similar Days Different Major Similars of Johnson Different Diffe	male Colored married	20. DATE DE DEATH Tournelin 2 2 19.46 31 5:00P.
8. AGE: Years Months Days If less than one day 10. Usual occupation	7. Birth date of	
10. Usual occupation. 11. Industry or business 12. Name	8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of death DURATION Deflection pale and
14. Maiden name	10. Usual occupation	Due to
Antopsy results. Autoress Meliculus Bale thereof (month) (day) (year) Cemetery or crematory. Location Ally was director Bally was director by the following: Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Maens of tpjort 23. SIGNALINE ALL ALL ALL ALL ALL ALL ALL ALL ALL AL		(include pregnancy within 3 months of death) Major findings ol operations.
Cemetery or crematory. Location City or town) Address Learnardlanus 720. Where did in jury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Maens of tpjury 23. Signators Acut A Children M. D. or other	Address Mechanicaville, md.	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
Address Lanarelland Mes. 23. SIGNATURE Jacob A Cherales M. D. or other	Cemetery or crematory St. Johns	Where did injury occur?
(Date rec'd by registrar) Registrar Address.	Address Leanardtouw Ms.	23. SIGNATURE Jacob A Chemales M. D. or other

NOV 26 1946

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PLEASE

VS A15

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore Poor

CERTIFICATE OF DEATH

11306 Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Thank	State Marshand county It mary		
City or town	10. 41		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death of curred:	Street No		
How long in hospital or institution?	2.(a) It veteran, name war.		
3.(a) FULL NAME	3. (b) Social Security Number		
mary Buline Hater			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Frenche White Widowed	20. DATE OF DEATH 200 2 1 19.46 at / 0,30 10 m		
8.(6) Name of husband or wife Frank Agter	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
	Sept 5 1946 10 1200 2/1946.		
7. Birth date of Communication of the state	and that f last saw h		
deceased (mo., day, yr.) 8. AGE: Tears Months Days If less than one day	Immediate cause of death		
5 9 6 25hrs. min.	, unin		
By Marie Hamale Marthered	Les digested board		
9. Birthplace (Town, county, and stage)	Due to.		
10. Usual occupation. House wife	Que to Estat bid older from		
t1, industry or business	feachered his sing sett 5-44		
12. Name James Fr. Welher	Other anditions.		
	Cinclude preshaney within 3 months of death)		
14. Malden name Susan Wathern 15. Birthplace It Mary's Co	Major findings of operations		
15. Birthplace It Mary' Co	Date of op.		
16. Informant Mars B. Fully abell	Antonsy results.		
Address Lehandlower my	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
2 2 1 1 20/25-1944	22. VIOLENCE: It death was due to external causes, fill in the following:		
(Buriat, cremation, or remogat. Which?)	Accident, suicide, or homicide. Official antis. Date of afternanto. 19.44 as		
Cemetery or crematory It Charge Conclosing	Where did injury occur? Arta Compton St. Manyla Manylanda (City or town) (County) (State)		
Location Leonardiston Ma	Injured at home, tarm, Industry, public place (where?)		
18. Funeral director M. C. Hattun IIII	Meens of injury Occidental fally. Injured at work?		
Address Leon andwith mid	It the week hill		
11/24 46 Paris See	23. SIGNATURE		
19	Address Authan alowet Ma Date signed box 22 46		

